	RIZONA STATE DEPARTMENT OF HE	EALTH State File No. 93
STANDARD CERTIFICATE OF DEATH DEPARTMENT OF COMMERCE	DIVISION OF VITAL STATISTICS	Registrar's No.
BUREAU OF THE CENSUS	(b) City or Town Manager (1 James Alexand 272
	(If outside city limits also Write RUNAL)	(Oigo No. (Of) Name of Institution)
(d) Length of Stay: In Hospital or Institution	(Specify whether years, months or days)	in Arizona 7
2. Usual Residence of Deceased: (a) State	(b) County Life	. (a) I ity or lower ///
		(if ourside city limits also write HUHAL)
(d) Street No. 62 Survey C	~ · · · · · · · · · · · · · · · · · · ·	(a) Citzer of foreign country (yes or No) 7/0
2	(b) If Veteran	II Yes, which dentity.
	name war	Security No. 3 26 - 05 - 993
4. Sex 5. Color or Race 6. (a) Sin	igle, married, widowed	MEDICAL CERTIFICATION
	- I WI DATE OF DEATH IMP	nth, day and year) Man, 10, 19 43;
or wife	TIME (Hour and minu	ite) / 0 : 00 4 M.
\mathcal{D}_{n} .2	21. I hereby certify that I	attended the deceased from
7. Birthdate of deceased (Month) (Da	(Year)	, 19, 19;
1 1122 1 122		alive on
4/ 3 / 10 hrs	and that death occurred o	on the date and hour stated above.
9. Birthplace Jalues	111-05	
(City, town or county)	(State or Country)	
110. Usual Occupation Mines		
11. Industry or Business Ino Con C	Due to	
12. Name Ush	Due to	
4		
(City, town or county)	(State or Country) Other conditions	
14. Maiden Name Malan	(Include preg	nancy within 3 months of death)
報() / 1 - 1	Major findings: Of operations	PHYSICIAN
(City, town or county)	(State or Country)	Underline the
16 (a) Informant's own signature & 1000	me aller Of autopsy	death should be charged
10. (a) miormani s o an argument and	- The state of the	statistically
(b) Address Much a	22. If death was due to	external causes, fill in the following:
17. (a) Burial, Cremation or Removal.	(a) Accident, suicide or	homicide (specify) (CC/deN)
(b) Place (c) Date	e. Man. 19.43. (b) Date of occurrence	1419-64 10, 1942
18. (a) Embalmer's Signature	(c) Where did injury of	(City or Town) (County) (State)
(b) Funeral Director Miles ma		or about home, on farm, in industrial place, in
(c) Address Miami a		rspitation Mine
		(Specify type of place) (o) Means of injury Irain accident
19. (a) // (Date received local Register		(a) Means of injury Trans
Jelson & J	23. Signature	2-17 112
(Registrar's Signature)	Address/Mic	Date signed 7
20M 108% Rag 8-42 B. Co. County File N	Date Received	AND STREET, AND ST

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